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Achieving Universal Health Care Coverage in Rhode Island: Where Are the Challenges?

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For the year 2010, Rhode Island has adopted state health objectives addressing each of the ten Leading Health Indicators (LHI's) that were selected as part of the national Healthy People 2010 process.^{1,2} One objective adopted at both the state and national levels addresses the LHI for Access to Care, specifically the barrier to access posed by the lack of health insurance. This objective is:

Objective 1-1: Increase the proportion of people with health insurance.

Target: 100 percent of people under age 65 years.

Achieving this objective would result in universal health care coverage for the people of Rhode Island.

Healthy People 2010 also adopted an overarching goal of eliminating health disparities among population groups defined by gender, race or ethnicity, education or income, disability, geographic location, and sexual orientation.² Here we present current data on disparities in health insurance coverage in the Rhode Island working age population (ages 18-64) that help to identify which groups face the greatest obstacles to achieving universal coverage.

Methods. The Rhode Island Department of Health (HEALTH) surveys a sample of Rhode Island adults by telephone annually concerning key health risk behaviors, participation in health screening and access to health care. This survey is performed as part of the national Behavioral Risk Factor Surveillance System (BRFSS), which is funded in all 50 states, DC, and three territories by the Centers for Disease Control and Prevention (CDC) in order to monitor state and national trends for these health risk factors.³

In Rhode Island, the BRFSS has been conducted continuously since 1984, and by a professional survey contractor since 1990. During the years 1991 through 1997, about 1,800 Rhode Island adults were interviewed each year, or approximately 150 per month. For 1998 through 2000 the annual sample size was increased to approximately 3,600, with 300 interviews per month.

The BRFSS has included basic questions on health insurance coverage since 1991, including an initial screening question for health coverage of any kind, a probing question for those with coverage that identifies their particular type of health plan or program, and a verification question for those without coverage to assure they considered all major sources of coverage in determining their answer. Any respondent stating he or she had coverage in response to the screening or verification questions is considered to be insured, unless the initial positive response was reversed during the probing question.

(**Note:** In previous publications of BRFSS data on health coverage,⁴ only positive responders to the screening question were considered to be insured, in accordance with national analyses. Data in those publications may differ from data presented here, especially data on Hispanic residents. The change in methodology results in many fewer Hispanic respondents being assigned to the uninsured group. We are continuing to investigate the possible reasons for this finding.)

Results. The uninsured rate in Rhode Island is decreasing among women and increasing among men. (Figure 1) The decrease in the overall rate of uninsured in Rhode Island from 1997 to 2000 is due to the substantial decline in the rate among females. Over the same period, rates among men in Rhode Island remained higher than for women and actually increased slightly, so the disparity in coverage has increased.

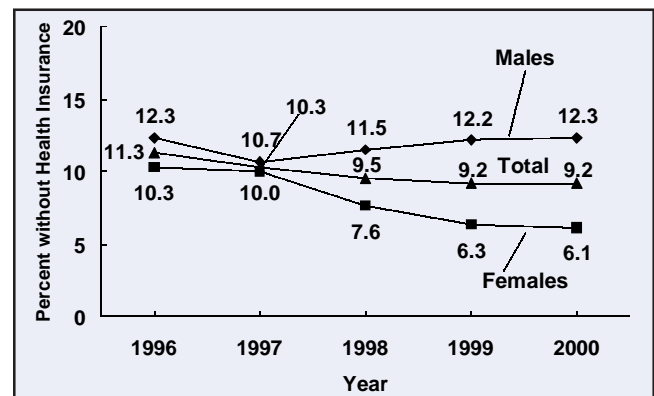


Figure 1. Percentage without Health Insurance Coverage, Ages 18-64 Years, by Gender, Rhode Island, 1996-2000

The poor and near-poor are more likely to be uninsured than middle-income and upper-income residents. (Figure 2) Lack of health insurance coverage is highest among people with annual household incomes under \$20,000. The proportion without coverage among people with annual household incomes of \$15,000-19,999 is four times higher than among people with incomes of \$50,000 or higher.

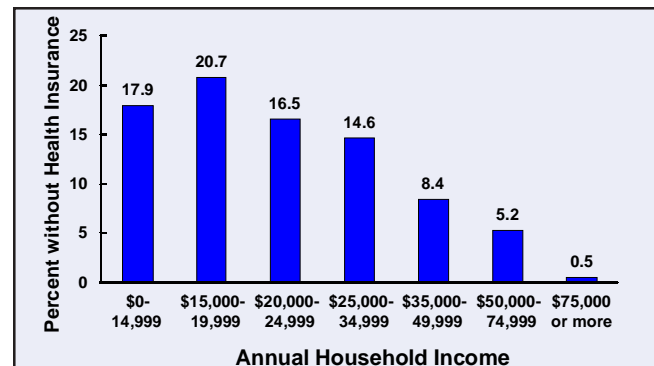


Figure 2. Percentage without Health Insurance Coverage, Ages 18-64 Years, by Income, Rhode Island, 2000

— Health by Numbers —

Certain racial/ethnic groups in Rhode Island have high proportions with no health care coverage. (Figure 3) Black non-Hispanic adults and Asian adults are substantially more likely to be uninsured during 1998-2000 than white, non-Hispanic adults. Hispanic residents have only slightly more uninsured than non-Hispanic whites. (See important note concerning Hispanic data at end of Methods section.)

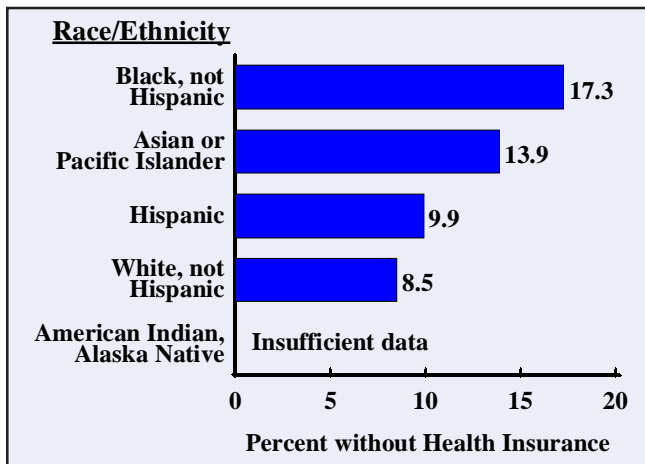


Figure 3. Percentage without Health Insurance Coverage, Ages 18-64 Years, by Race and Ethnicity, Rhode Island, 1998-2000

Disparities in health care coverage also exist among groups in Rhode Island defined by employment status and age. In 2000, unemployed persons were more than three times as likely to be uninsured (27.7%) as employed persons (8.4%). By age, young adults ages 18-24 years were most likely to lack health insurance, with rates (18.2%) nearly three times the rate for older working age adults (6.3% among those ages 35-64 years) and 30 times the rate for the elderly (0.6%).

Discussion. A recent national study has shown Rhode Island to have the lowest proportion among all states of persons who had been continuously without health coverage for one year (6.2%).⁵ Given this strong base, achieving universal coverage in the state's population will involve identifying those groups most likely to be without coverage and developing sources of coverage for them.

Some of those groups in Rhode Island have been identified in the results presented here. Over the last four years, the proportion of uninsured men has increased, while

the proportion of uninsured women has fallen, creating a substantial disparity between genders. The poor and near-poor, as well as those who are unemployed, are also at higher risk of not having health insurance coverage. Young adults show very high rates of being uninsured, and all working age adults have much higher rates of non-coverage than the elderly.

Perhaps most significantly, all minority populations defined by race and ethnicity have higher proportions of uninsured persons than do non-Hispanic whites. This is of special concern because growth in minority populations accounts for all of the recent population growth in the state. Between the 1990 Census and the 2000 Census, the non-white and Hispanic populations taken together grew 77% and now comprise 18% of the Rhode Island population.⁶ If the disparities in insurance coverage persist for these groups as they continue to grow in number, then achieving the goal of universal coverage in Rhode Island will prove increasingly difficult.

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